

AMENDMENTS TO THE CLAIMS

Claims 1-88 (Canceled)

Claims 89-90 (Canceled) Please cancel claims 89-90 without prejudice to the possibility of filing one or more continuing applications directed to the subject matter recited therein.

91. (Canceled)

92. (Canceled) Please cancel claim 92 without prejudice to the possibility of filing one or more continuing applications directed to the subject matter recited therein.

93. (Canceled)

Claims 94-96 (Canceled) Please cancel claims 94-96 without prejudice to the possibility of filing one or more continuing applications directed to the subject matter recited therein.

Claims 97-99 (Canceled)

100. (Canceled) Please cancel claim 100 without prejudice to the possibility of filing one or more continuing applications directed to the subject matter recited therein.

101. (Canceled)

Claims 102-103. (Canceled) Please cancel claims 102-103 without prejudice to the possibility of filing one or more continuing applications directed to the subject matter recited therein.

Claims 104-105 (Canceled)

Claims 106-114 (Canceled) Please cancel claims 106-114 without prejudice to the possibility of filing one or more continuing applications directed to the subject matter recited therein.

115. (New) A method for providing surgical access through an intercostal incision, said method comprising the steps of:

engaging at least one rib on one side of the intercostal incision with a first rib engaging blade;
engaging at least one rib on the other side of the intercostal incision with a second rib engaging blade; and

driving said at least one rib on one side of the incision and said at least one rib on the other side of the incision apart and lifting one of said at least one rib on one side of the incision and said at least one rib on the other side of the incision relative to the other.

116. (New) The method of claim 115, wherein said driving is accomplished by a mechanism that operably connects first and second arm members, such that operation of the mechanism to move said arm members away from one another also moves said first and second rib engaging blades away from one another and moves one of said rib engaging blades in an upward direction relative to the other of the rib engaging blades.

117. (New) The method of claim 115, wherein said driving comprises laterally displacing and rotating one of said first and second rib engaging blades relative to the other.

118. (New) The method of claim 115, further comprising the step of adjusting a support arm so that a distal end thereof contacts the outside surface of a body of a patient, prior to said driving.

119. (New) The method of claim 118, wherein said support arm is rotatably adjustable with respect to one of first and second arms members, wherein said first and second rib engaging blades are located at distal ends of said first and second arm members.

120. (New) A method for providing surgical access by offset surgical retraction applied to an incision in the chest of a patient, said method comprising the steps of:

engaging one side of the incision with a first engaging blade;
engaging the other side of the incision with a second engaging blade; and
driving said one side of the incision and said other side of the incision apart and lifting one of said engaging blades relative to the other, wherein said driving is accomplished by a mechanism that

operably connects first and second arm members, such that operation of the mechanism to move said arm members away from one another also moves said first and second engaging blades away from one another and moves one of said engaging blades in an upward direction relative to the other of the rib engaging blades.

121. (New) The method of claim 120, wherein the incision is an intercostal incision and each said engaging blade engages at least one rib on opposite sides of the incision.

122. (New) A method for providing surgical access through an intercostal incision, said method comprising the steps of:

inserting a first rib engaging blade into the incision and under at least one rib adjacent to the incision;

adjusting a sternal pad downwardly on top of a chest of the patient by rotating it relative to a blade arm connect to the first rib engaging blade;

inserting a second rib engaging blade into the incision and under at least one rib adjacent to the incision and opposite to the at least one rib under which the first rib engaging blade has been inserted; and

driving said at least one rib on one side of the incision and said at least one rib on the other side of the incision apart and lifting said at least one rib under which said first rib engaging blade was inserted, relative to the at least one rib under which the second rib engaging blade was inserted.

123. (New) The method of claim 122, wherein said driving is accomplished by a mechanism that operably connects first and second arm members, such that operation of the mechanism to move said arm members away from one another also moves said first and second rib engaging blades away from one another and moves one of said rib engaging blades in an upward direction relative to the other of the rib engaging blades.